

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF PSYCHOLOGICAL EXAMINERS
DOCKET NO.

IN THE MATTER OF)
)
 CYNTHIA R. GREEN, Ph.D.)
)
 APPLICANT FOR LICENSE TO)
 PRACTICE PSYCHOLOGY IN)
 THE STATE OF NEW JERSEY)

Administrative Action

FINAL DECISION

AND
ORDER

FILED WITH THE BOARD OF
PSYCHOLOGICAL EXAMINERS
ON June 3, 2002

This matter was opened to the New Jersey State Board of Psychological Examiners ("Board") upon receipt from Cynthia R. Green, Ph.D. ("applicant") of a request for reconsideration pursuant to N.J.A.C. 13:42-5.2 of her oral examination failure. The Board reviewed the record in this matter including the applicant's work sample (a client case study) submitted to the Board in advance of the oral examination, the oral examination audiotape, and the applicant's written request for reconsideration submitted in accordance with the examination review procedures at N.J.A.C. 13:42-5.2. The Board discussed the merits of the applicant's request for reconsideration at its regular Board meeting on April 8, 2002, and determined to grant the request for reconsideration. Thereafter, the Board designated a subcommittee to review the matter and to make a recommendation to the Board after conducting such inquiry or investigation as the subcommittee deemed necessary. On May 6, 2002, the subcommittee made recommendations to the Board in regard to the applicant's oral

examination failure, and thereafter, the entire Board discussed the examination and placed the matter to a vote. The Board's final decision and reasons are incorporated in this Order.

As a preliminary matter, it appears that Dr. Green sat for the scheduled oral examination on January 7, 2002. The Board's letter advising her that she failed the oral examination and the reasons therefor was mailed on February 4, 2002. The Board's rules governing examination review procedures provide at N.J.A.C. 13:42-5.2(b) that a candidate who fails the oral examination may request a review of his or her oral examination tape. This applicant did not avail herself of the opportunity to listen to the oral examination tape; and therefore, the Board can only surmise that the reasons for reconsideration set forth in her letter to the Board dated February 26, 2002, are based on her personal recollection of what transpired during the oral examination. Each member of the Board's subcommittee appointed to reconsider Dr. Green's oral examination listened to the audiotape, and their recommendations were based on specific information in the record including the oral examination tape.

In her letter requesting reconsideration, Dr. Green contested each of the reasons set forth by the Board for the oral examination failure and claimed that the scope of the examination conducted did not sufficiently address her work sample; the

examination was biased against the applicant's orientation; and errors were made by the examiners.

Prior to examination, each applicant is provided with a copy of the Board's "Oral Examination Procedures." This document advises the applicant that he or she must be prepared to be examined on their case study in the following areas:

(a) The theoretical orientation upon which you base your work, reasons for holding this orientation, and your understanding of how it compares and contrasts with other major theories;

(b) The methods by which you assess clients' needs including the particular effectiveness of limitations of your methods. Relate assessment methods to your theoretical perspective;

(c) The significant interventions you make with the particular client, significant decisions that you made during the course of contact with the client which particularly altered or advanced the course of your work, the theoretical and/or practical reasons which led you to make these interventions and decisions;

(d) Present disposition of the case including present interventions, methods of termination, referral, additional interventions needed;

(e) Relevant research or theoretical literature that supports your treatment decisions for this client and supports the appropriateness of the methods employed;

(f) Ethical issues raised by this particular case;

(g) Your analysis of the effectiveness and/or appropriateness of services, procedures or approaches involved in the case study.

Accordingly, the applicant is provided with advance advice concerning the specific areas in which to be prepared for examination.

The first of the Board's reasons for the failure of this applicant was an inability to adequately discuss significant issues and aspects of her chosen theoretical orientation and how it differs from other approaches. The Board's failure letter provided some specific examples. Moreover, the applicant was unable to cite a specific example or provide reference to a single practitioner of the process-oriented approach to assessment. While acknowledging that her training was practical, the applicant was unable to demonstrate a basic understanding of theory and principles of interpretation which are reasonably to be expected of a psychologist in independent practice.

The opinion of Dr. Green is that her training in neuropsychology has been primarily practical, rather than academic, and that her theoretical model consists of the integration of both a quantitative and qualitative approach to neuropsychological assessment. Furthermore, she claims that a theoretical orientation in neuropsychology is less important than in psychotherapy and that major texts in neuropsychological assessment provide little emphasis on theoretical models.

Notwithstanding the fact that Dr. Green may have obtained more practical than academic training in particular areas as a result of her practice in the State of New York, that is not sufficient reason to fail to represent the knowledge base that typically comes from academic training. Although the integration

of both a quantitative and qualitative approach to neuropsychological assessment may be commendable, it does not represent a cohesive theoretical orientation to understanding brain-behavior relationships. The integration of psychometric data and behavioral observations may represent a comprehensive approach to assessment, but it does not explain the theoretical orientation which would make sense of the information collected. A theoretical orientation is relevant to a comprehensive model for understanding brain-behavior relationships. Furthermore, to say that major texts in neuropsychological assessment provide little emphasis on theoretical models suggests that Dr. Green has not reviewed some very relevant texts or has failed to appreciate theories of functional organization of the brain, cerebral dominance, or other neuroanatomical perspectives.

Dr. Green also objected to the Board's finding that she inadequately explained her theoretical orientation to supportive counseling. Her objection is based on the premise that her practice is limited to neuropsychological assessment and that supportive counseling is not currently part of her practice. The Board issues, subsequent to a satisfactory oral examination, a plenary license to practice psychology in New Jersey. The Board does not issue a specialty license but one which reflects an individual's ability to maintain a broad-based knowledge of psychology which enables individuals to recognize their own

limitations and practice within their realm of competence. From the Board's perspective, a theoretical orientation is relevant to understanding behavior, and it further appears to the Board that a basic ability to describe a theoretical perspective in at least a rudimentary manner is the minimum to be expected from an applicant for licensure.

From a psychotherapeutic perspective, Dr. Green indicated that she primarily does short term supportive/educative counseling for patients and family members who have been diagnosed with or had a suspected memory disorder. She indicated that her approach was eclectic and that she had a difficult time discussing individuals in the field who may have had similar theoretical approaches to counseling. Overall, Dr. Green appears to "do her own thing" without any theoretical background or adherence to any standardized approach.

Dr. Green goes on to defend the fact that she does not use the Halstead-Reitan battery. However, it seems she has missed the important point made by her examiners that she was unable to describe any of the various principles of interpretation central to this approach.

Dr. Green acknowledges that she may have committed a scoring error in her protocol. She further makes a plea to the Board to overlook this scoring error as it would not be uncommon for an experienced neuropsychologist to make a minor scoring error

under similar circumstances. Although true that error may occur, it does reflect a lack of attention to detail which is quite critical in neuropsychological assessment. Furthermore, given the applicant's stated restriction of practice to neuropsychological assessment, the Board would expect her to approach her scoring errors with more concern.

Dr. Green clearly had difficulty during her oral examination discussing other aspects of neuropsychological assessment especially a process (flexible) versus a fixed battery. Overall, her work sample reflected a rather cursory and incomplete, not a comprehensive or fixed battery of neuropsychological tests. It is well known that in all cases involving neuropsychological assessment, the primary role of the clinical neuropsychologist is to correctly administer, score, and interpret test results in order to render a professional opinion within a reasonable degree of neuropsychological certainty. This must be based on scientifically-validated neuropsychological findings. A standardized administration adheres to the procedure outlined in each test manual. If the clinical neuropsychologist does not follow the standardized administration procedures, then it is inappropriate to compare directly the patient's performance to that of the normative sample. This occurred throughout Dr. Green's work sample as evidenced by administering only three versus the standardized five trials on the Finger Tapping Test as well as

throughout Trails (A & B) whereby it is unlikely that it was administered properly.

Upon review of the work sample and oral examination of Dr. Green, the Board continues to find that this applicant has failed to demonstrate the minimum competency expected for independent practice. She was unable to provide a satisfactory description of a theoretical framework which influences her work and was unable to contrast and compare any major theoretical perspectives. In addition, she was not able to adequately discuss important aspects of the clinical procedures she used. This conclusion is based on the following additional findings:

1. Inability to cite any theorists who influence her process-oriented approach to neuropsychological assessment.
2. The applicant plans to limit her practice to neuropsychology; however, she describes herself as having more of a background in clinical psychology than neuropsychology yet fails to adequately describe any clinical orientation or theorists who influence her work.
3. She reports that she uses an eclectic approach with her patients, yet she does not satisfactorily elaborate upon any particular theoretical orientation. The applicant did single out cognitive-behavioral as the approach which most influences her, but she was unable to identify any cognitive-behavioral theorists she is familiar with.
4. The only theorist the applicant discussed was Minuchin, but her description of how structural family therapy is applied in her clinical work was superficial and unconvincing.
5. The applicant was unable to clearly delineate the differences in psychometric properties between a process and fixed battery approach.

6. She was very uncertain and hesitant when asked about the nuances of scoring methods. The applicant appeared to have a poor grasp of the scoring procedures for someone who plans to more narrowly limit the scope of her practice to the neuropsychological assessment of dementia. Given her choice to focus in this area of practice, the Board would expect a better grasp of testing methods than she had. In defense of her lack of knowledge in response to questions asked by her oral examiners, the applicant would claim that off the top of her head she did not know, that she would have to check her references because it had been a couple of months since she did any testing.

Finally, the applicant also questioned whether the oral examination serves as a valid and reliable evaluation of her clinical competence as a psychologist and suggests a bias on the part of the examiners to give more consideration towards her knowledge of neuropsychological theory over her clinical competence in determining her qualifications for licensure. The subcommittee that conducted the review of Dr. Green's examination record found no bias whatsoever on the part of the oral examiners. Notwithstanding the attempt of the examiners to determine Dr. Green's level of competence during the course of the oral examination, she clearly had difficulty describing both basic concepts of general psychology and her theoretical approach to both neuropsychological assessment and treatment.

The applicant's contention that she should have passed the oral examination must be considered against the Board's expertise in such technical matters as the scoring of its oral examination for licensure to practice psychology in this State.

The Board's procedures for conducting the oral examination are set forth in its regulations as well as in the instructional material provided to all applicants. The procedures followed by the Board are fair in that the applicant receives adequate notice of the deficiencies in her oral examination, an opportunity to review the evidence of those deficiencies, and a right to present a response to the Board. All of that was afforded to this applicant.

Upon consideration of the recommendation of the members of the subcommittee charged with reconsidering the applicant's oral examination failure as well as a review and discussion of the entire record in this matter, the Board determined to sustain the oral examination failure, and further, found that the applicant failed to establish that the scope of the examination did not sufficiently address her work sample, was biased in its orientation, or that several errors were made by the examiners. The Board found that its reasons for the applicant's oral examination failure as set forth in its initial letter of February 4, 2002, were fully supported upon its reconsideration.

Accordingly, the Board continues to be persuaded that Dr. Green fails to meet the threshold required by this Board for the independent practice of psychology. The applicant is eligible for re-examination and may submit a new work sample in accordance with the regulations so that the Board may schedule an oral examination with minimal delay.

For all of the above reasons, the Board found that the record does not support a finding of proof that the scope of the examination conducted did not sufficiently address the candidate's professional work sample, proof of examiner bias against the candidate, or proof of a substantial and material error on the part of the examiners, as required at N.J.A.C. 13:42-5.2(d).

THEREFORE, IT IS ON THIS 3 DAY OF June, 2002,
HEREBY ORDERED THAT:

Upon reconsideration and in accordance with N.J.A.C. 13:42-5.2, the applicant's failure of the oral examination is hereby sustained.

Victoria W. Jeffers, Ph.D.
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Vice Chair
State Board of Psychological Examiners